

**CRITERIA FOR PRIOR AUTHORIZATION**

Leukine® (sargramostim)

**PROVIDER GROUP**      Pharmacy  
Professional

**MANUAL GUIDELINES**      The following drug requires prior authorization:  
Sargramostim (Leukine)

**CRITERIA FOR LEUKINE:** (must meet one of the following)

1. Patient must have a diagnosis of acute myelogenous leukemia (AML)
  - a. Patient must have received chemotherapy
2. Patient is having or has had a transplantation of autologous peripheral blood progenitor cells
3. Patient has a diagnosis of non-Hodgkin's lymphoma (NHL), acute lymphoblastic leukemia (ALL), or Hodgkin's disease
  - a. Patient is undergoing an autologous bone marrow transplant
4. Patient is undergoing an allogeneic bone marrow transplant
5. Patient has undergone an allogeneic or autologous bone marrow transplant and engraftment is delayed or has failed

**LENGTH OF APPROVAL**      12 months